



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**National Limousine Association Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="61115.07"/>	<input type="text" value="61115.07"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="57534.38"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="9575.00"/>	<input type="text" value="17270.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="67109.38"/>	<input type="text" value="78385.07"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5686.75"/>	<input type="text" value="16962.44"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="61422.63"/>	<input type="text" value="61422.63"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**National Limousine Association Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8850.00	14450.00
(ii) Unitemized .....	725.00	2820.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9575.00	17270.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	9575.00	17270.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	9575.00	17270.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9575.00	17270.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1286.75	1562.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1286.75	1562.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4400.00	15400.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5686.75	16962.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5686.75	16962.44

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	9575.00	17270.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9575.00	17270.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1286.75	1562.44
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1286.75	1562.44

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**National Limousine Association Political Action Committee**

**A. Robert Alexander**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10000 Weatherwood Court  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RMA Worldwide Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 20 / 2015  
**Transaction ID : SA11AI.6109**  
 Amount of Each Receipt this Period 100.00

**B. Robert Alexander**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10000 Weatherwood Court  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RMA Worldwide Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 22 / 2015  
**Transaction ID : SA11AI.6115**  
 Amount of Each Receipt this Period 100.00

**C. Ahmed Atris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 42897 Vestals Gap Drive  
 City Ashburn State VA Zip Code 20148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US Sedan Service, Inc. Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 20 / 2015  
**Transaction ID : SA11AI.6081**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**National Limousine Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Ahmed Atris**

Mailing Address 42897 Vestals Gap Drive

City Ashburn State VA Zip Code 20148

FEC ID number of contributing federal political committee. **C**

Name of Employer US Sedan Service, Inc. Occupation President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2015

**Transaction ID : SA11AI.6108**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Ahmed Atris**

Mailing Address 42897 Vestals Gap Drive

City Ashburn State VA Zip Code 20148

FEC ID number of contributing federal political committee. **C**

Name of Employer US Sedan Service, Inc. Occupation President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 22 / 2015

**Transaction ID : SA11AI.6114**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. Brad Balaban**

Mailing Address 4675 Wynn Road

City Las Vegas State NV Zip Code 89103

FEC ID number of contributing federal political committee. **C**

Name of Employer ODS Limousine Occupation President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015

**Transaction ID : SA11AI.6121**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**National Limousine Association Political Action Committee**

**A. Carla Boccio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 214 Ridgewood Drive  
 City Amherst State NY Zip Code 14226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Buffalo Limousine Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 03 / 2015  
**Transaction ID : SA11AI.6035**  
 Amount of Each Receipt this Period  
 100.00

**B. Carla Boccio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 214 Ridgewood Drive  
 City Amherst State NY Zip Code 14226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Buffalo Limousine Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2015  
**Transaction ID : SA11AI.6046**  
 Amount of Each Receipt this Period  
 100.00

**C. Carla Boccio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 214 Ridgewood Drive  
 City Amherst State NY Zip Code 14226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Buffalo Limousine Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : SA11AI.6060**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**National Limousine Association Political Action Committee**

**A. Carla Boccio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 214 Ridgewood Drive  
 City Amherst State NY Zip Code 14226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Buffalo Limousine Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11AI.6088**  
 Amount of Each Receipt this Period  
 100.00

**B. Carla Boccio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 214 Ridgewood Drive  
 City Amherst State NY Zip Code 14226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Buffalo Limousine Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2015  
**Transaction ID : SA11AI.6103**  
 Amount of Each Receipt this Period  
 100.00

**C. Carla Boccio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 214 Ridgewood Drive  
 City Amherst State NY Zip Code 14226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Buffalo Limousine Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : SA11AI.6122**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Limousine Association Political Action Committee**

**A. Gary Buffo**  
Full Name (Last, First, Middle Initial)

Mailing Address Box 910

City State Zip Code  
Penngrove CA 94951

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pure Luxury President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2015

**Transaction ID : SA11AI.6099**

Amount of Each Receipt this Period  
2600.00

**B. Jon Epstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 Greenfield Hill

City State Zip Code  
Sparta NJ 07871

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Royal Coachman Worldwide President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 20 / 2015

**Transaction ID : SA11AI.6051**

Amount of Each Receipt this Period  
100.00

**C. Jon Epstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 Greenfield Hill

City State Zip Code  
Sparta NJ 07871

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Royal Coachman Worldwide President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 22 / 2015

**Transaction ID : SA11AI.6067**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2800.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**National Limousine Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Jon Epstein**

Mailing Address 14 Greenfield Hill

City State Zip Code  
 Sparta NJ 07871

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Royal Coachman Worldwide President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015

**Transaction ID : SA11AI.6083**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Jon Epstein**

Mailing Address 14 Greenfield Hill

City State Zip Code  
 Sparta NJ 07871

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Royal Coachman Worldwide President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2015

**Transaction ID : SA11AI.6110**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. Jon Epstein**

Mailing Address 14 Greenfield Hill

City State Zip Code  
 Sparta NJ 07871

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Royal Coachman Worldwide President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2015

**Transaction ID : SA11AI.6116**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**National Limousine Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Diane Forgy**

Mailing Address 10515 Ensley Lane

City Leawood      State KS      Zip Code 66206

FEC ID number of contributing federal political committee. **C**

Name of Employer Overland Limousine      Occupation Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2015

**Transaction ID : SA11AI.6037**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Diane Forgy**

Mailing Address 10515 Ensley Lane

City Leawood      State KS      Zip Code 66206

FEC ID number of contributing federal political committee. **C**

Name of Employer Overland Limousine      Occupation Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 11 / 2015

**Transaction ID : SA11AI.6049**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. Diane Forgy**

Mailing Address 10515 Ensley Lane

City Leawood      State KS      Zip Code 66206

FEC ID number of contributing federal political committee. **C**

Name of Employer Overland Limousine      Occupation Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015

**Transaction ID : SA11AI.6061**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**National Limousine Association Political Action Committee**

**A. Diane Forgy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10515 Ensley Lane  
 City Leawood State KS Zip Code 66206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Overland Limousine Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00  
 Date of Receipt 10 / 13 / 2015  
**Transaction ID : SA11AI.6086**  
 Amount of Each Receipt this Period 100.00

**B. Diane Forgy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10515 Ensley Lane  
 City Leawood State KS Zip Code 66206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Overland Limousine Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00  
 Date of Receipt 11 / 10 / 2015  
**Transaction ID : SA11AI.6104**  
 Amount of Each Receipt this Period 100.00

**C. Diane Forgy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10515 Ensley Lane  
 City Leawood State KS Zip Code 66206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Overland Limousine Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00  
 Date of Receipt 12 / 14 / 2015  
**Transaction ID : SA11AI.6117**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 28
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Limousine Association Political Action Committee**

**A. Richard Kane**  
Full Name (Last, First, Middle Initial)

Mailing Address 9524 Purcell Drive

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer International Limousine Servic	Occupation Owner
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2015

**Transaction ID : SA11AI.6038**

Amount of Each Receipt this Period  
250.00

**B. Richard Kane**  
Full Name (Last, First, Middle Initial)

Mailing Address 9524 Purcell Drive

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer International Limousine Servic	Occupation Owner
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 11 / 2015

**Transaction ID : SA11AI.6047**

Amount of Each Receipt this Period  
250.00

**C. Richard Kane**  
Full Name (Last, First, Middle Initial)

Mailing Address 9524 Purcell Drive

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer International Limousine Servic	Occupation Owner
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015

**Transaction ID : SA11AI.6063**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**National Limousine Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Richard Kane**

Mailing Address 9524 Purcell Drive

City Potomac State MD Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer International Limousine Servic Occupation Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015

**Transaction ID : SA11AI.6085**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Richard Kane**

Mailing Address 9524 Purcell Drive

City Potomac State MD Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer International Limousine Servic Occupation Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 12 / 2015

**Transaction ID : SA11AI.6106**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Richard Kane**

Mailing Address 9524 Purcell Drive

City Potomac State MD Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer International Limousine Servic Occupation Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : SA11AI.6118**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 28  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**National Limousine Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Jeffrey Nisberg**

Mailing Address 48 Mamaroneck Avenue  
Suite #27

City State Zip Code  
White Plains NY 10601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
On Time Transport Inc. President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SA11AI.6119**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Steve Qua**

Mailing Address 4559 Lander Road

City State Zip Code  
Orange Village OH 44022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Company Car Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2015

**Transaction ID : SA11AI.6040**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. Steve Qua**

Mailing Address 4559 Lander Road

City State Zip Code  
Orange Village OH 44022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Company Car Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2015

**Transaction ID : SA11AI.6068**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**National Limousine Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Steve Qua**

Mailing Address 4559 Lander Road

City State Zip Code  
 Orange Village OH 44022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Company Car Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2015

**Transaction ID : SA11AI.6069**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Steve Qua**

Mailing Address 4559 Lander Road

City State Zip Code  
 Orange Village OH 44022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Company Car Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2015

**Transaction ID : SA11AI.6080**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. Steve Qua**

Mailing Address 4559 Lander Road

City State Zip Code  
 Orange Village OH 44022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Company Car Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2015

**Transaction ID : SA11AI.6111**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 28
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Limousine Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Steve Qua**

Mailing Address 4559 Lander Road

City State Zip Code  
Orange Village OH 44022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Company Car Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 21 / 2015  
**Transaction ID : SA11AI.6112**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Dawson Rutter**

Mailing Address 250 Everett Street

City State Zip Code  
Boston MA 02134

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Commonwealth Worldwide President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015  
**Transaction ID : SA11AI.6031**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Dawson Rutter**

Mailing Address 250 Everett Street

City State Zip Code  
Boston MA 02134

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Commonwealth Worldwide President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 03 / 2015  
**Transaction ID : SA11AI.6042**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**National Limousine Association Political Action Committee**

**A. Dawson Rutter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 Everett Street  
 City Boston State MA Zip Code 02134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Commonwealth Worldwide Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : SA11AI.6056**  
 Amount of Each Receipt this Period  
 250.00

**B. Dawson Rutter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 Everett Street  
 City Boston State MA Zip Code 02134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Commonwealth Worldwide Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : SA11AI.6079**  
 Amount of Each Receipt this Period  
 250.00

**C. Dawson Rutter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 Everett Street  
 City Boston State MA Zip Code 02134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Commonwealth Worldwide Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2015  
**Transaction ID : SA11AI.6100**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 28
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Limousine Association Political Action Committee**

**A. Dawson Rutter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 250 Everett Street  
City Boston State MA Zip Code 02134  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Commonwealth Worldwide Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 12 / 02 / 2015  
**Transaction ID : SA11AI.6113**  
Amount of Each Receipt this Period 250.00

**B. Douglas Schwartz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2714 Ellen Road  
City Bellmore State NY Zip Code 11710  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Executive Limousine Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 03 / 2015  
**Transaction ID : SA11AI.6120**  
Amount of Each Receipt this Period 25.00

**C. Dave Shaw**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5995 W. Croyden Circle  
City Crystal River State FL Zip Code 34429  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NetworkLimousines Occupation Partner / General Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 17 / 2015  
**Transaction ID : SA11AI.6039**  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**National Limousine Association Political Action Committee**

**A. Dave Shaw**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5995 W. Croyden Circle  
 City State Zip Code  
 Crystal River FL 34429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NetworkLimousines Partner / General Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 18 / 2015  
**Transaction ID : SA11AI.6050**  
 Amount of Each Receipt this Period  
 100.00

**B. Dave Shaw**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5995 W. Croyden Circle  
 City State Zip Code  
 Crystal River FL 34429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NetworkLimousines Partner / General Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : SA11AI.6064**  
 Amount of Each Receipt this Period  
 100.00

**C. Dave Shaw**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5995 W. Croyden Circle  
 City State Zip Code  
 Crystal River FL 34429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NetworkLimousines Partner / General Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11AI.6084**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 28  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**National Limousine Association Political Action Committee**

**A. Dave Shaw**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5995 W. Croyden Circle  
City Crystal River State FL Zip Code 34429  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NetworkLimousines Occupation Partner / General Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 17 / 2015  
**Transaction ID : SA11AI.6107**  
Amount of Each Receipt this Period  
100.00

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8850.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**National Limousine Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Citizens Bank**

Mailing Address 791 E. Route 70

City Marlton State NJ Zip Code 08053

Purpose of Disbursement  
Merchant Bankcard Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2015

Transaction ID : SB21B.6030

Amount of Each Disbursement this Period

28.96

Full Name (Last, First, Middle Initial)

**B. Citizens Bank**

Mailing Address 791 E. Route 70

City Marlton State NJ Zip Code 08053

Purpose of Disbursement  
Merchant Bankcard Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2015

Transaction ID : SB21B.6041

Amount of Each Disbursement this Period

37.22

Full Name (Last, First, Middle Initial)

**C. Citizens Bank**

Mailing Address 791 E. Route 70

City Marlton State NJ Zip Code 08053

Purpose of Disbursement  
Merchant Bankcard Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2015

Transaction ID : SB21B.6052

Amount of Each Disbursement this Period

33.44

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

99.62

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**National Limousine Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Citizens Bank**

Mailing Address 791 E. Route 70

City Marlton State NJ Zip Code 08053

Purpose of Disbursement  
Merchant Bank Card Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2015

Transaction ID : SB21B.6076

Amount of Each Disbursement this Period

34.17

Full Name (Last, First, Middle Initial)

**B. Citizens Bank**

Mailing Address 791 E. Route 70

City Marlton State NJ Zip Code 08053

Purpose of Disbursement  
Merchant Bank Card Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2015

Transaction ID : SB21B.6129

Amount of Each Disbursement this Period

45.13

Full Name (Last, First, Middle Initial)

**C. Citizens Bank**

Mailing Address 791 E. Route 70

City Marlton State NJ Zip Code 08053

Purpose of Disbursement  
Merchant Bankcard Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 03 / 2015

Transaction ID : SB21B.6123

Amount of Each Disbursement this Period

107.83

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

187.13

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Limousine Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cornerstone Government Affairs LLC**

Mailing Address 300 Independence Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
PAC Management Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.6055**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Limousine Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. GILLIBRAND FOR SENATE**

Mailing Address 236 MASSACHUSETTS AVE SUITE 110

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

**KIRSTEN ELIZABETH GILLIBRAND**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NY District: 00

Date of Disbursement

MM / DD / YYYY  
11 / 11 / 2015

**Transaction ID : SB23.6098**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. SHAHEEN FOR SENATE**

Mailing Address 105 N STATE STREET

City CONCORD State NH Zip Code 03301

Purpose of Disbursement

011

Candidate Name

**JEANNE SHAHEEN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: NH District: 00

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2015

**Transaction ID : SB23.6125**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Vandalia Bus Lines Inc.**

Mailing Address 312 W Morris St

City Caseyville State IL Zip Code 62232

Purpose of Disbursement  
In kind contribution of bus services

011

Candidate Name

**JOSEPH S DONNELLY**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IN District: 00

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2015

**Transaction ID : SB23.6073**

Amount of Each Disbursement this Period

2100.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4100.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Limousine Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Vandalia Bus Lines Inc.**

Mailing Address 312 W Morris St

City Caseyville State IL Zip Code 62232

Purpose of Disbursement  
in kind contribution of bus services

011

Category/  
Type

Candidate Name

**JOSEPH S DONNELLY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IN District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB23.6075**

Amount of Each Disbursement this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

300.00

**TOTAL** This Period (last page this line number only)..... ▶

4400.00